



PATENT
450100-03546

2187
6/A
ELWm
3-25-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Kenji YOSHINO et al.
Serial No. : 09/982,668
For : DATA PROCESSING DEVICE, DATA STORAGE DEVICE,
DATA PROCESSING METHOD, AND PROGRAM
PROVIDING MEDIUM
Filed : October 18, 2001
Examiner : Reba I. Elmore
Art Unit : 2187

RECEIVED

MAR 23 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004.**

for: GEDON KESSLER #36154
Dennis M. Smid, Reg. No. 34,930
(Name of Applicant, Assignee or Registered Representative)

Gedon Kessler
Signature
March 19, 2004
Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of December 19, 2003, please amend this application as follows.



PATENT
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Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2100

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	** =22	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	*** =4	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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for: Gordon Kessler #38,571
Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

March 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

for: Gordon Kessler #38,571
Dennis M. Smid
Reg. No. 34,930
Tel: 212-588-0800